MOA 0.8 5001

PTO/SB/17 (10-07)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008				Complete if Known					
						0/774,568-Conf. #8508			
						ebruary 10, 2004			
						laoyuki ITAKURA			
						Shapiro			
Applicant claims small entity status. See 37 CFR 1.27			.27	Art Unit	629				
TOTAL AMOUNT OF PAYMENT		(\$) 930.00		Attorney Docket No. So		ON-2919			
METHOD OF	PAYMENT (check	all that apply)			7				
Check	Credit Card	Money Order	No	ne Other	please identify):			
X Deposit Ac	count Deposit Account I	Number: 1	8-0013	Deposit	Account Name:	Rader, Fishi	man & Gr	auer PLLC	
For the	above-identified depo	osit account, the	Director is	hereby authorize	ed to: (check	call that apply)	1		
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCU	LATION			•					
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION F	EES						
	FI	LING FEES		ARCH FEES	EXAMIN	ATION FEES			
Application T	ype Fee (\$	Small Entity Fee (\$)	L Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	310	155	510	255	210	105	1000		
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155 -	510	255	620	310			
Provisional	210	105	0	0	0	0	-		
2. EXCESS CLAIM FEES Small Ent									
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims				Dold (t)	84	Itinia Danand	360	180	
Total Claims Extra Claims Fee (\$)						Multiple Dependent Claims Fee (\$) Fee Paid (\$)			
HP = highest num	ber of total claims paid for			.	100	141	1001 1110 1	¥1	
Indep. Claims Extra Claims Fee (\$) Fee		Paid (\$)							
·	• •	× =							
·	ber of independent claims	paid for, if greater t	han 3.						
3. APPLICATIO		1.100 1	•				_		
	ation and drawings ex der 37 CFR 1.52(e)),							;n	
	action thereof. See 3					iity) ioi cacii a	idditional 2	,,,	
Total Sheet	ts Extra Sheet	s Numbe	er of each a	dditional 50 or fra	ction thereof	Fee (\$)	Fee	Pald (\$)	
	- 100 =	/50 =		(round up to a who	ole number) x		s		
4. OTHER FEE	(S)						Fees	Pald (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1281 Extension for response within first month 120.00 1801 Request for continued examination (RCE) (see 37 810.00									
SUBMITTED BY		$\overline{\mathcal{A}}$	/	Registration No.	24 404	T-11	(202) 63	E 2750	
Signature	//_/	/ 		(Attorney/Agent)	.24,104	Telephone	(202) 955-3750		
Name (Print/Type)	Ronald/P. Kanan	g∕n /∕				Date	November 8, 2007		